



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT #2

RECEIVED

By Carol Day at 8:17 am, Aug 04, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005849		LOCATION OF INSTRUMENT GRAIN VALLEY POLICE		DATE OF INSPECTION 08/03/2015		TIME OF INSPECTION 04:30					
CALIBRATION CHECK RESULTS				CALIBRATION CHECK SUMMARY							
Test	g/210L	Time	STANDARD TYPE DRY		STANDARD LOT # AG502603		STANDARD EXPIRATION DATE 01/26/2017				
			SIM TEMPERATURE N/A		SIM SERIAL NUMBER N/A		SIM CERTIFICATE EXPIRATION N/A				
			STANDARD VALUE 0.080		STANDARD SUPPLIER INTOXIMETERS						
			CALIBRATION CHECK RESULT 1 0.081								
			CALIBRATION CHECK RESULT 2 0.081								
			CALIBRATION CHECK RESULT 3 0.080								
			MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%				SPREAD (MUST BE .005 OR LESS) 0.001				
			Pass								
			DIAGNOSTIC TEST RESULTS				RFI TEST RESULTS				
			Voltage/Current Test Pass				Test				
RAM Test Pass				g/210L							
EEPROM Checksum Test Pass				Time							
Real Time Clock Test Pass				Air Blank RFI* 04:39							
DSP Test Pass				Air Blank 0.000 04:39							
Analytical Stability Test Pass				*RFI Detect							
Modem Test Pass											
Temperature Regulation Test Pass											
Pass				Pass							
NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT											
REFUSALS 1		.00-.04 1		.05-.09 1		.10-.14 1		.15-.19 4		OVER .19 1	
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).											
INSPECTING OFFICER											
SIGNATURE <i>Steven Tracy</i>						PRINT NAME TRACY, STEVEN					
TYPE II PERMIT NUMBER 250175				EXPIRATION DATE 07/28/2017				TELEPHONE NUMBER 8168476250			



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

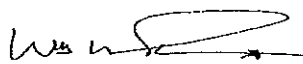
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

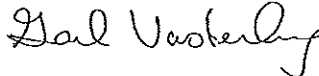
DATE 7/28/2015

NUMBER 250175

EXPIRES 7/28/2017

MO 590-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator TRACY, STEVEN Permit No 250175 Date Issued 7/28/2015 Date Expires 7/28/2017	